

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF PUBLIC WATER SUPPLIES
FACILITY #:IL1310300

VILLAGE OF NORTH HENDERSON
FOR THE MONTH OF: August 2021
Apr-23

Date	Time Meter Read	Meter Reading (1000 gal)	Water Treated (100 gal)	PRE-CHLORINATION CHLORINE DOSAGE		CI FINISHED	FINISHED WATER CHLORINE TESTS (mg/l)	
				Reading	Distribution Address		CHLORINE RESIDUAL DISTRIBUTION	DAY TANK
**		58028589	17.671					
1	9:30	58046260	20.352			3.0	2.0	30.0
2	9:15	58066612	22.316	705 S Main				23
3	10:30	58088928	16.512	201 Newcomer		3.0	2.0	15
4	7:30	58105440	20.914					5:40
5	10:15	58126354	17.966					33
6	9:15	58144320	18.130					24
7	8:50	58162450	20.764					15:45
8	9:00	58183214	19.988	705 S Main		3.0	1.5	36
9	9:00	58203202	30.013					29
10	18:30	58233215	26.670					20:45
11	20:00	58259885	17.937					33
12	19:15	58277822	14.677	201 Newcomer		3.0	1.0	29
13	12:50	58292499	0					15
14		58292499	0					9:40
15	8:45	58326326	33.827	202 Newcomer		3.0	3.0	24
16		58326326	0					2
17	9:00	58366340	40.014	201 Newcomer		3.0	3.0	6:40
18	7:00	58385699	19.359	705 S Main		3.0	3.0	31
19	9:00	58404828	17.890					23
20	9:00	58422718	17.434					15
21	7:45	58440152	0					6:45
22		58440152	0					28
23	9:00	58492371	29.413	201 Newcomer		3.0	1.0	19
24	10:15	58521784	24.440					11:45
25	8:30	58546224	0					28
26		58546224	0					20
27	9:00	58603799	49.703	705 S Main		3.0	1.2	10:40
28	9:00	58653502	26.038	201 Newcomer				2
29	9:15	58679540	0					10:40
30		58679540	0					2
31		58679540	0					2
Total			650,951					248.0
Ave.			22,446					
Max.			49,703					
Min.			14,677					

I certify that the information in this report is complete and accurate to the best of my knowledge:

REPORTED BY (SIGNATURE):

8552
CERT. OR REG. NO.

Cert. ()

DATE MONTHLY BACTERIOLOGICAL SAMPLES SUBMITTED:

METER LOCATION: PUMP HOUSE
TYPE OF CI TEST KIT AND/OR METHOD USED:
COLOR DISC

*INDICATE TYPE OF CI RESIDUAL
F=FREE; C=COMBINED; T=TOTAL

**RECORD METER READING FROM LAST DAY OF PREVIOUS MONTH: